

<i>SERFF Tracking Number:</i>	<i>PACL-126375951</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pacific Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44047</i>
<i>Company Tracking Number:</i>	<i>35-13700</i>		
<i>TOI:</i>	<i>A03I Individual Annuities - Deferred Variable</i>	<i>Sub-TOI:</i>	<i>A03I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Replacement Notice and 30-Day Right To Cancel</i>		
<i>Project Name/Number:</i>	<i>Replacement Notice and 30-Day Right To Cancel /35-13700</i>		

Filing at a Glance

Company: Pacific Life Insurance Company		
Product Name: Replacement Notice and 30-Day Right To Cancel	SERFF Tr Num: PACL-126375951	State: Arkansas
TOI: A03I Individual Annuities - Deferred Variable	SERFF Status: Closed-Approved-Closed	State Tr Num: 44047
Sub-TOI: A03I.002 Flexible Premium	Co Tr Num: 35-13700	State Status: Approved-Closed
Filing Type: Form	Authors: Maysy Vang, Brian Deleget, Karen Givens	Reviewer(s): Linda Bird
	Date Submitted: 11/09/2009	Disposition Date: 11/17/2009
		Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name: Replacement Notice and 30-Day Right To Cancel	Status of Filing in Domicile: Not Filed
Project Number: 35-13700	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 11/17/2009	Explanation for Other Group Market Type:
	State Status Changed: 11/17/2009
Deemer Date:	Created By: Maysy Vang
Submitted By: Maysy Vang	Corresponding Filing Tracking Number:
Filing Description:	
35-13700 Replacement Notice	
35-13700-1 Replacement Memorandum	
15-10900 30-Day Right To Cancel Endorsement	
15-12700 30-Day Right To Cancel Endorsement	
15-16600 30-Day Right To Cancel Endorsement	
15-18800 30-Day Right To Cancel Endorsement	

SERFF Tracking Number: PACL-126375951 State: Arkansas
Filing Company: Pacific Life Insurance Company State Tracking Number: 44047
Company Tracking Number: 35-13700
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: Replacement Notice and 30-Day Right To Cancel
Project Name/Number: Replacement Notice and 30-Day Right To Cancel /35-13700

Company and Contact

Filing Contact Information

Maysy Vang, Compliance Analyst Mvang@pacificlife.com
700 Newport Center Drive 949-219-6907 [Phone]
Newport Beach, CA 92660 949-219-0579 [FAX]

Filing Company Information

Pacific Life Insurance Company CoCode: 67466 State of Domicile: Nebraska
700 Newport Center Drive Group Code: 709 Company Type: Annuities
Newport Beach, CA 92660-6397 Group Name: State ID Number:
(800) 722-2333 ext. [Phone] FEIN Number: 95-1079000

Filing Fees

Fee Required? Yes
Fee Amount: \$120.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pacific Life Insurance Company	\$120.00	11/09/2009	31895330

SERFF Tracking Number: *PACL-126375951* *State:* *Arkansas*
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TOI: *A03I Individual Annuities - Deferred Variable* *Sub-TOI:* *A03I.002 Flexible Premium*
Product Name: *Replacement Notice and 30-Day Right To Cancel*
Project Name/Number: *Replacement Notice and 30-Day Right To Cancel /35-13700*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/17/2009	11/17/2009

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Disposition

Disposition Date: 11/17/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PACL-126375951 State: Arkansas

Filing Company: Pacific Life Insurance Company State Tracking Number: 44047

Company Tracking Number: 35-13700

TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium

Product Name: Replacement Notice and 30-Day Right To Cancel

Project Name/Number: Replacement Notice and 30-Day Right To Cancel /35-13700

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	CERTIFICATION		Yes
Supporting Document	LETTER		Yes
Supporting Document	Statement of Variability		Yes
Form	Replacement Notice		Yes
Form	Replacement Memorandum		Yes
Form	30-Day Right To Cancel Endorsement		Yes
Form	30-Day Right To Cancel Endorsement		Yes
Form	30-Day Right To Cancel Endorsement		Yes
Form	30-Day Right To Cancel Endorsement		Yes

SERFF Tracking Number: PACL-126375951 State: Arkansas

Filing Company: Pacific Life Insurance Company State Tracking Number: 44047

Company Tracking Number: 35-13700

TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium

Product Name: Replacement Notice and 30-Day Right To Cancel

Project Name/Number: Replacement Notice and 30-Day Right To Cancel /35-13700

Form Schedule

Lead Form Number: 35-13700

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	35-13700	Other	Replacement Notice	Initial		0.000	35-13700 Replacement Notice.pdf
	35-13700-1	Other	Replacement Memorandum	Initial		0.000	35-13700-1 Replacement Memorandum .pdf
	15-10900	Policy/Contract/Amendment, Insert Page, Endorsement or Rider	30-Day Right To Cancel Endorsement	Initial		0.000	15-10900 30-Day Right to Cancel End.pdf
	15-12700	Policy/Contract/Amendment, Insert Page, Endorsement or Rider	30-Day Right To Cancel Endorsement	Initial		0.000	15-12700 30-Day Right to Cancel End.pdf
	15-16600	Policy/Contract/Amendment, Insert	30-Day Right To Cancel Endorsement	Initial		0.000	15-16600 30-Day Right to Cancel End.pdf

SERFF Tracking Number: PACL-126375951 State: Arkansas
 Filing Company: Pacific Life Insurance Company State Tracking Number: 44047
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 TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
 Product Name: Replacement Notice and 30-Day Right To Cancel
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15-18800	Page, Endorseme nt or Rider Policy/Cont 30-Day Right To ract/Fratern Cancel Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	0.000	15-18800 30- Day Right to Cancel End.pdf
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IMPORTANT NOTICE: REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

This document must be signed by the applicant(s) and the producer, if there is one, and a copy left with the applicant(s).

1 REQUIRED QUESTION FOR APPLICANT:

CHECK
ONE

Do you have any existing life insurance policies or annuity contracts with this or any other company? ☐ Yes ☐ No

If you answered "NO" to the above question, both the applicant(s) and producer must sign this form on page 2, and submit this form with the application. There is no need to complete any further information. If you answered "YES" to the above question, please continue.

2 You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

CHECK
ONE

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? ☐ Yes ☐ No

CHECK
ONE

2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? ☐ Yes ☐ No

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

1. Insurer Name	Contract/Policy Number	Insured/Annuitant	<input type="checkbox"/> Replaced <input type="checkbox"/> Financing
2. Insurer Name	Contract/Policy Number	Insured/Annuitant	<input type="checkbox"/> Replaced <input type="checkbox"/> Financing
3. Insurer Name	Contract/Policy Number	Insured/Annuitant	<input type="checkbox"/> Replaced <input type="checkbox"/> Financing

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because:



3 IMPORTANT NOTE TO PRODUCER: (The information contained in this box is provided for the producer and does not have to be read aloud to applicant): If the applicant answered "YES" to either question 1 or 2 above, then by signing below, the producer is making the following additional certification.

PRODUCER CERTIFICATION FOR REPLACEMENT TRANSACTION I hereby certify that I have used only the insurer's approved sales material in connection with this sale and that copies of all sales materials used were left with the applicant. Any insurer-approved electronically presented sales materials will be provided in printed form to the applicant no later than at the time of the policy or contract delivery. I further certify that this replacement transaction follows the insurer's written replacement guidelines.

4 SIGNATURES

I certify that the responses herein are, to the best of my knowledge, accurate:

SIGN HERE	_____	_____	_____
	Applicant's Signature	Applicant's Name (Please Print)	Date
SIGN HERE	_____	_____	_____
	Joint Applicant's Signature	Joint Applicant's Name (Please Print)	Date
SIGN HERE	_____	_____	_____
	Producer's Signature	Producer's Name (Please Print)	Date

I do not want the notice read aloud to me. _____ (Applicants must initial only if they do not want the notice read aloud.)

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS:

- Are they affordable?
- Could they change?
- You're older — are premiums higher for the proposed new policy?
- How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES:

- New policies usually take longer to build cash values and to pay dividends.
- Acquisition costs for the old policy may have been paid; you will incur costs for the new one.
- What surrender charges do the policies have?
- What expense and sales charges will you pay on the new policy?
- Does the new policy provide more insurance coverage?

INSURABILITY:

- If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
- You may need a medical exam for a new policy.
- Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
- Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- Will a loan be deducted from death benefits?
- What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

- Will you pay surrender charges on your old contract?
- What are the interest rate guarantees for the new contract?
- Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

- What are the tax consequences of buying the new policy?
- Is this a tax free exchange? (See your tax advisor.)
- Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
- Will the existing insurer be willing to modify the old policy?
- How does the quality and financial stability of the new company compare with your existing company?





PACIFIC LIFE

Pacific Life Insurance Company
P.O. Box 2378 • Omaha, NE 68103-2378
(800) 722-4448 - Contract Owners
(800) 722-2333 - Registered Representatives
www.PacificLife.com • Fax (888) 837-8172

ARKANSAS REPLACEMENT MEMORANDUM

USE THIS FORM ONLY WHEN A REPLACEMENT IS OCCURRING.

LIFE INSURANCE AND ANNUITIES REPLACEMENT MEMORANDUM

EXISTING CONTRACT/POLICY

PROPOSED CONTRACT/POLICY

Owner/Annuitant(s) _____
Insurer _____
Contract # _____
Product Type¹ _____
Product Name _____

Owner/Annuitant(s) _____
Insurer _____
Application # _____
Product Type¹ _____
Product Name _____

FOR BOTH LIFE INSURANCE AND ANNUITIES

(Complete all that is applicable)

CONTRACT OR POLICY PROVISION	EXISTING CONTRACT/POLICY	REPLACEMENT CONTRACT/POLICY
Current Proposed Premium/Annual consideration		
Current Contract Value		
Current Surrender Value		
Death Benefit Amount		
Current Interest Rate & Guarantee Period		
Guaranteed Minimum Accumulation/Interest Rate		
Surrender Charge Period in Years/Charge Percentage Per Year/Years Remaining		
Are free withdrawals available? If yes, what percentage? List Options		
Other significant policy or contract provisions		

FOR ANNUITIES ONLY

(Complete all that is applicable)

CONTRACT PROVISION	EXISTING CONTRACT/POLICY	REPLACEMENT CONTRACT/POLICY
Initial Bonus Percentage or Amount		
Potential loss of bonus if annuity is exchanged, surrendered or funds withdrawn		
Sub-account Choices		
Guaranteed purchase/settlement options		

I have received a copy of this completed form.

Owner/Annuitant Date

Joint Owner/Annuitant Date

I certify that the above provisions, and any other significant provisions, of the existing policy or contract and the proposed policy or contract were discussed with the applicant(s).

Producer Signature Date

¹ Deferred Fixed Annuity, Deferred Variable Annuity, Deferred Indexed Fixed Annuity, Immediate Annuity, Indexed Life Insurance, Variable Life Insurance, Whole Life Insurance, Universal Life Insurance, Term Life Insurance, and Endowment



PACIFIC LIFE INSURANCE COMPANY

700 Newport Center Drive • Newport Beach, CA 92660

Form No. 15-10900

Form Description: 30-Day Right to Cancel Endorsement

For Use with Contract Form Number:

<u>Contract Form No</u>	<u>Date Approved</u>	<u>State Tracking No.</u>	<u>SERFF Tracking No.</u>
10-10300	11/25/2002	N/A	N/A
10-1130	9/15/2006	33657	USPH-6T8LDL846
10-1136	4/24/2007	35679	PACL-125155469

Right to Cancel – You may return this Contract within [thirty (30)] days after you receive it. To do so, mail it to us at our Service Center or to the agent who sold it to you. No withdrawal charge will be imposed, and we will refund the Contract Value, including any fees or charges for premium taxes and/or other taxes that were deducted from the Contract Value.

15-10900



PACIFIC LIFE

Pacific Life Insurance Company
700 Newport Center Drive
Newport Beach, CA 92660
800-722-4448

READ YOUR CONTRACT CAREFULLY

This is a legal contract between **you** (the "Owner") and **Pacific Life Insurance Company**, a stock company, (hereinafter referred to as "**we**", "**us**", "**our**" and the "**Company**").

We agree to pay the benefits provided under this Contract, subject to its provisions.

We have issued this Contract in consideration of the application and payment of the Initial Purchase Payment.

BENEFITS AND VALUES PROVIDED UNDER THIS CONTRACT MAY BE ON A VARIABLE BASIS. AMOUNTS DIRECTED INTO ONE OR MORE OF THE VARIABLE INVESTMENT OPTIONS WILL REFLECT THE INVESTMENT EXPERIENCE OF THOSE INVESTMENT OPTIONS. THESE AMOUNTS MAY INCREASE OR DECREASE, AND ARE NOT GUARANTEED AS TO A DOLLAR AMOUNT. THE DETAILS OF THE VARIABLE PROVISIONS BEGIN ON PAGE 10.

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15-10900

Signed for the Company at Newport Beach, California, to be effective as of the Contract Date.

PACIFIC LIFE INSURANCE COMPANY

Chairman and Chief Executive Officer

Secretary

INDIVIDUAL FLEXIBLE PREMIUM DEFERRED VARIABLE ANNUITY CONTRACT

Investment Experience Reflected in Benefits
Variable Accumulation Before Annuity Date
Annuities Payable in Variable and Fixed Dollar Amounts
Death Benefit Proceeds Payable Before Annuity Date
Non-Participating



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15-10900

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PACIFIC LIFE INSURANCE COMPANY

Chairman and Chief Executive Officer

Secretary

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PACIFIC LIFE INSURANCE COMPANY

Chairman and Chief Executive Officer

Secretary

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Non-Participating

PACIFIC LIFE INSURANCE COMPANY

700 Newport Center Drive • Newport Beach, CA 92660

Form No. 15-16600

Form Description: 30-Day Right to Cancel Endorsement

For Use with Contract Form Number:

<u>Contract Form No</u>	<u>Date Approved</u>	<u>State Tracking No.</u>	<u>SERFF Tracking No.</u>
10-1107	1/31/2006	31740	USPH-6L4R2B106
10-1128	1/12/2006	31553	USPH-6K8MUR948
10-17800	4/4/2003	N/A	USPH-5L3VPU266

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15-12700



PACIFIC LIFE

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Newport Beach, CA 92660
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15-12700

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10-17800



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Variable Accumulation Before Annuity Date
Annuities Payable in Variable and Fixed Dollar Amounts
Death Benefit Proceeds Payable Before Annuity Date
Non-Participating

PACIFIC LIFE INSURANCE COMPANY

700 Newport Center Drive • Newport Beach, CA 92660

Form No. 15-16600

Form Description: 30-Day Right to Cancel Endorsement

For Use with Contract Form Number:

<u>Contract Form No</u>	<u>Date Approved</u>	<u>State Tracking No.</u>	<u>SERFF Tracking No.</u>
10-1108	4/14/2004	26069	USPH-5XUQHZ984
10-1143	3/13/2008	38370	PACL-125512296

Right to Cancel – You may return this Contract within [thirty (30)] days after you receive it. To do so, mail it to us at our Service Center or to the agent who sold it to you. No withdrawal charge will be imposed, and we will refund the Contract Value, including any fees or charges for premium taxes and/or other taxes that were deducted from the Contract Value minus any Credit Enhancements applied to the Contract.

15-16600



PACIFIC LIFE

Pacific Life Insurance Company
700 Newport Center Drive
Newport Beach, CA 92660
800-722-4448

READ YOUR CONTRACT CAREFULLY

This is a legal contract between **you** (the "Owner") and **Pacific Life Insurance Company**, a stock company, (hereinafter referred to as "**we**", "**us**", "**our**" and the "**Company**").

We agree to pay the benefits provided under this Contract, subject to its provisions.

We have issued this Contract in consideration of the application and payment of the Initial Purchase Payment.

BENEFITS AND VALUES PROVIDED UNDER THIS CONTRACT MAY BE ON A VARIABLE BASIS. AMOUNTS DIRECTED INTO ONE OR MORE OF THE VARIABLE INVESTMENT OPTIONS WILL REFLECT THE INVESTMENT EXPERIENCE OF THOSE INVESTMENT OPTIONS. THESE AMOUNTS MAY INCREASE OR DECREASE, AND ARE NOT GUARANTEED AS TO A DOLLAR AMOUNT. THE DETAILS OF THE VARIABLE PROVISIONS BEGIN ON PAGE 10.

THE DEATH BENEFIT PROVIDED UNDER THIS CONTRACT WILL BE REDUCED BY ANY RECAPTURE MADE IN ACCORDANCE WITH THE RECAPTURE OF CREDIT ENHANCEMENT PROVISION.

Right to Cancel – You may return this Contract within [thirty (30)] days after you receive it. To do so, mail it to us at our Service Center or to the agent who sold it to you. No withdrawal charge will be imposed, and we will refund the Contract Value, including any fees or charges for premium taxes and/or other taxes that were deducted from the Contract Value minus any Credit Enhancements applied to the Contract.

15-16600

Signed for the Company at Newport Beach, California, to be effective as of the Contract Date.

PACIFIC LIFE INSURANCE COMPANY

Chairman and Chief Executive Officer

Secretary

INDIVIDUAL FLEXIBLE PREMIUM DEFERRED VARIABLE ANNUITY CONTRACT

Investment Experience Reflected in Benefits
Variable Accumulation Before Annuity Date
Annuities Payable in Variable and Fixed Dollar Amounts
Death Benefit Proceeds Payable Before Annuity Date
Non-Participating



PACIFIC LIFE

Pacific Life Insurance Company
700 Newport Center Drive
Newport Beach, CA 92660
800-722-4448

READ YOUR CONTRACT CAREFULLY

This is a legal contract between **you** (the "Owner") and **Pacific Life Insurance Company**, a stock company, (hereinafter referred to as "**we**", "**us**", "**our**" and the "**Company**").

We agree to pay the benefits provided under this Contract, subject to its provisions.

We have issued this Contract in consideration of the application and payment of the Initial Purchase Payment.

BENEFITS AND VALUES PROVIDED UNDER THIS CONTRACT MAY BE ON A VARIABLE BASIS. AMOUNTS DIRECTED INTO ONE OR MORE OF THE VARIABLE INVESTMENT OPTIONS WILL REFLECT THE INVESTMENT EXPERIENCE OF THOSE INVESTMENT OPTIONS. THESE AMOUNTS MAY INCREASE OR DECREASE, AND ARE NOT GUARANTEED AS TO A DOLLAR AMOUNT. THE DETAILS OF THE VARIABLE PROVISIONS BEGIN ON PAGE 10.

THE DEATH BENEFIT PROVIDED UNDER THIS CONTRACT WILL BE REDUCED BY ANY RECAPTURE MADE IN ACCORDANCE WITH THE RECAPTURE OF CREDIT ENHANCEMENT PROVISION.

Right to Cancel – You may return this Contract within [thirty (30)] days after you receive it. To do so, mail it to us at our Service Center or to the agent who sold it to you. No withdrawal charge will be imposed, and we will refund the Contract Value, including any fees or charges for premium taxes and/or other taxes that were deducted from the Contract Value minus any Credit Enhancements applied to the Contract.

15-16600

Signed for the Company at Newport Beach, California, to be effective as of the Contract Date.

PACIFIC LIFE INSURANCE COMPANY

Chairman and Chief Executive Officer

Secretary

INDIVIDUAL FLEXIBLE PREMIUM DEFERRED VARIABLE ANNUITY CONTRACT

Investment Experience Reflected in Benefits
Variable Accumulation Before Annuity Date
Annuities Payable in Variable and Fixed Dollar Amounts
Death Benefit Proceeds Payable Before Annuity Date
Non-Participating

PACIFIC LIFE INSURANCE COMPANY

700 Newport Center Drive • Newport Beach, CA 92660

Form No. 15-18800

Form Description: 30-Day Right to Cancel Endorsement

For Use with Contract Form Number:

<u>Contract Form No</u>	<u>Date Approved</u>
30-18400	8/12/2002

Right to Cancel – You may return this Contract within [thirty (30)] days of receipt. To do so, mail it to us at our Service Center or to the agent who sold it to you. No withdrawal charge will be imposed and we will refund your Single Premium payment.

15-18800



PACIFIC LIFE

Pacific Life Insurance Company
700 Newport Center Drive
Newport Beach, CA 92660
800-722-4448

READ YOUR CONTRACT CAREFULLY

This is a legal contract between **you** (the "Owner") and **Pacific Life Insurance Company**, a stock company, (hereinafter referred to as "**we**", "**us**", "**our**" and the "**Company**").

We agree to pay the benefits provided under this Contract, subject to its provisions.

We have issued this Contract in consideration of the application and payment of the Single Premium.

AMOUNTS WITHDRAWN OR APPLIED FOR AN ANNUITY BEFORE THE END OF A GUARANTEE TERM WILL BE ADJUSTED UPWARD OR DOWNWARD BASED ON THE MARKET VALUE ADJUSTMENT FORMULA SPECIFIED IN THIS CONTRACT.

Right to Cancel – You may return this Contract within [thirty (30)] days of receipt. To do so, mail it to us at our Service Center or to the agent who sold it to you. No withdrawal charge will be imposed and we will refund your Single Premium payment.

15-18800

Signed for the Company at Newport Beach, California, to be effective as of the Contract Date.

PACIFIC LIFE INSURANCE COMPANY

Chairman and Chief Executive Officer

Secretary

INDIVIDUAL SINGLE PREMIUM DEFERRED ANNUITY CONTRACT

Guaranteed Interest Rates – Market Value Adjustment
Annuities Payable in Fixed Dollar Amounts
Death Benefit Amount Payable Before Annuity Date
Multiple Annuity Payout Options
Non-Participating

SERFF Tracking Number: PACL-126375951 State: Arkansas
 Filing Company: Pacific Life Insurance Company State Tracking Number: 44047
 Company Tracking Number: 35-13700
 TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
 Product Name: Replacement Notice and 30-Day Right To Cancel
 Project Name/Number: Replacement Notice and 30-Day Right To Cancel /35-13700

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment:		
AR Cert of Readability.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: n/a		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo		
Bypass Reason: n/a		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: CERTIFICATION		
Comments:		
Attachment:		
AR CERTS 6 AND 19.pdf		

	Item Status:	Status Date:
Satisfied - Item: LETTER		
Comments:		
Attachment:		
AR Filing Letter.pdf		

SERFF Tracking Number: *PACL-126375951* *State:* *Arkansas*
Filing Company: *Pacific Life Insurance Company* *State Tracking Number:* *44047*
Company Tracking Number: *35-13700*
TOI: *A03I Individual Annuities - Deferred Variable* *Sub-TOI:* *A03I.002 Flexible Premium*
Product Name: *Replacement Notice and 30-Day Right To Cancel*
Project Name/Number: *Replacement Notice and 30-Day Right To Cancel /35-13700*

	Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	
Comments:		
Attachment:		
AR SOV.pdf		

PACIFIC LIFE INSURANCE COMPANY

700 Newport Center Drive • Newport Beach, CA 92660

STATE OF ARKANSAS

CERTIFICATION OF READABILITY

This is to certify that the form(s) submitted herewith achieved the following reading ease score(s) as calculated by the Flesh Reading Ease Test and complies with the requirements of Arkansas State Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Simplification Act.

Form Number	Score
15-18800	74.2



Company Officer

Nancy A. Hill

Name

Assistant Vice President

Title

Date

Contact Person:

Maysy Vang
Compliance Analyst
Product Compliance
Email: amfproduct.filing@pacificlife.com
800-722-2333 ext. 6907

PACIFIC LIFE INSURANCE COMPANY
700 Newport Center Drive • Newport Beach, CA 92660

STATE OF ARKANSAS

RULE AND REGULATION 6 CERTIFICATION

<u>Form Numbers</u>	<u>Form Description</u>
35-13700	Replacement Notice
35-13700-1	Replacement Memorandum
15-10900	30-Day Right To Cancel Endorsement
15-12700	30-Day Right To Cancel Endorsement
15-16600	30-Day Right To Cancel Endorsement
15-18800	30-Day Right To Cancel Endorsement

I, Nancy A. Hill, hereby provide our assurance that Rule and Regulation 6 has been reviewed and the above form(s) are in compliance said Rule and Regulation 6 as well as all other applicable requirements of the Arkansas Department of Insurance.



Company Officer

Nancy A. Hill
Name

Assistant Vice President Compliance
Title

11/9/09
Date

Contact Person:

Maysy Vang
Compliance Analyst
Product Compliance
Email: amfproduct.filing@pacificlife.com
800-722-2333 ext. 6907

PACIFIC LIFE INSURANCE COMPANY
700 Newport Center Drive • Newport Beach, CA 92660

STATE OF ARKANSAS

REGULATION 19 CERTIFICATION

<u>Form Numbers</u>	<u>Form Description</u>
35-13700	Replacement Notice
35-13700-1	Replacement Memorandum
15-10900	30-Day Right To Cancel Endorsement
15-12700	30-Day Right To Cancel Endorsement
15-16600	30-Day Right To Cancel Endorsement
15-18800	30-Day Right To Cancel Endorsement

I, Nancy A. Hill, hereby certify that the above form(s) meet the provisions of Regulation 19 as well as all applicable requirements of the Arkansas Department of Insurance.



Company Officer

Nancy A. Hill

Name

Assistant Vice President Compliance

Title

11/9/09

Date

Contact Person:

Maysy Vang
Compliance Analyst
Product Compliance
Email: amfproduct.filing@pacificlife.com
800-722-2333 ext. 6907



November 9, 2009

NAIC: 67466
FEIN: 95-1079000

To the Individual Life Insurance Department of **Arkansas**.

We are submitting the following annuity forms for approval in your state:

<u>Form Numbers</u>	<u>Form Description</u>
35-13700	Replacement Notice
35-13700-1	Replacement Memorandum
15-10900	30-Day Right To Cancel Endorsement
15-12700	30-Day Right To Cancel Endorsement
15-16600	30-Day Right To Cancel Endorsement
15-18800	30-Day Right To Cancel Endorsement

These forms submitted are new and do not replace any previously approved forms.

These forms have been developed to comply with the replacement notice and free look requirements under Rule 97 Life and Annuity Replacement and Bulletin 8-2009, effective January 1, 2010.

Form 35-13700 will be used in all replacement situations. Form 35-13700 is substantially similar to the NAIC Model Regulation Appendix A with the following exceptions:

- 1) Section 1 is the "Required Question for Applicant" which asks the applicant if he has any existing life insurance policies or annuity contracts with this or any other company.
- 2) Section 3 adds the "Important Note to Producer" which certifies that the producer has only used the insurer's approved sales material in connection with the sale.
- 3) Section 4 "Signatures" we added the line for the Joint Applicant's Name and Signature.

As the endorsements submitted are for use with annuity contracts issued in situations regarding replacement, if the contract is cancelled within the 30-day free look period.

Pacific Life Insurance Company
Annuities & Mutual Funds Division

700 Newport Center Drive, Newport Beach, California 92660-6397 Tel (800) 722-2333
Securities Offered Through **Pacific Select Distributors, Inc.** Member, FINRA & SIPC

To the Individual Life Insurance Department of **Arkansas**.
November 9, 2009

Each endorsement will be used with its corresponding annuity contract as follows:

30-Day Right To Cancel Endorsement	For Use With Contract Form	Contract Description	Date Approved
15-10900	10-10300	Individual Flexible Premium Deferred Variable Annuity Contract	11/25/02
	10-1130	Individual Flexible Premium Deferred Variable Annuity Contract	9/15/06
	10-1136	Individual Flexible Premium Deferred Variable Annuity Contract	4/24/07
15-12700	10-1107	Individual Flexible Premium Deferred Variable Annuity Contract	1/31/06
	10-1128	Individual Flexible Premium Deferred Variable Annuity Contract	1/12/06
	10-17800	Individual Flexible Premium Deferred Variable Annuity Contract	4/4/03
15-16600	10-1108	Individual Flexible Premium Deferred Variable Annuity Contract	4/14/04
	10-1143	Individual Flexible Premium Deferred Variable Annuity Contract	3/13/08
15-18800	30-18400	Individual Single Premium Deferred Annuity Contract	8/12/2002

We have attached a copy of the cover page to each contract form listed above showing the appropriate endorsement as intended for actual use.

The forms submitted are in final print and are subject to only minor modification in paper size, stock, ink, border, Company logo, and adaptation to electronic media or computer printing.

All required forms, filing transmittals, certifications, filing fees and/or other supporting documentation, if required, are included in this submission.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

Should you have any questions or require additional information, please call toll-free 1-800-722-2333 Ext. 6907.

Sincerely,



Maysy Vang
Compliance Analyst
Product Compliance
Annuities & Mutual Funds
Email: amfproduct.filing@pacificlife.com

PACIFIC LIFE INSURANCE COMPANY

700 Newport Center Drive • Newport Beach, CA 92660

STATEMENT OF VARIABILITY

Form Numbers

Form Description

35-13700	Replacement Notice
35-13700-1	Replacement Memorandum
15-10900	30-Day Right To Cancel Endorsement
15-12700	30-Day Right To Cancel Endorsement
15-16600	30-Day Right To Cancel Endorsement
15-18800	30-Day Right To Cancel Endorsement

This Statement of Variability identifies and explains the variable items, denoted by brackets, contained in the above referenced contract cover page forms.

1. **Company Address and Phone Number (Cover Page)** – In the event of a change in the company address and/or phone number, the new information will be shown.
2. **Right to Cancel (Cover Page)** – In replacement situations, the appropriate time period will be shown as required under state law.
3. **Company Officer's Signatures and Titles (Cover Page)** – In the event of a change in company officers, the new company officer's signature and title will be shown.

Except as otherwise described above, no other bracketed material appears within the contract.

Company Contact Person

For inquires regarding this Statement of Variability, please contact:

Maysy Vang, Compliance Analyst
AMF Product Compliance
Email: amfproduct.filing@pacificlife.com
Toll Free: 800-722-2333 ext. 6907
Direct: 949-219-0579